DECLARATION AND POWER OF ATTORNEY

(Docket No. 11275/73537)

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

Methods for Diagnosing and Treating Autoimmune Disease

| the specificati | on of w | hich: | | | | |
|---|--|--|--|--|---|---|
| (check one) | [X] [] | is attached hereto. was filed on Application Serial N and was amended on | o. I (if applicable) | _ as - - | | |
| | | have reviewed and und as amended by any an | | | ve-identified | specification, |
| | | y to disclose information ance with Title 37, Coo | | | | |
| or inventor's | certifica | priority benefits under ate listed below and ha e having a filing date b | ve also identified l | below any for | eign applicati | on for patent |
| PRIOR FORE | IGN AP | PLICATION(S) | DATE FILED | PRIC | RITY CLAIM | <u>IED</u> |
| Number Countr | у | | Day/Mo./Year | Yes | No | |
| below and, ins prior United acknowledge Regulations, § | sofar as States ap the du 1.56(a) | enefit under Title 35, the subject matter of ea pplication in the manne ty to disclose materia which occurred betwee filing date of this appl | ach of the claims of er provided by the al information as een the filing date | of this applica first paragra defined in T | tion is not dis ph of Title 35 litle 37, Code | sclosed in the USC 112, le of Federal |
| (App. | Ser. No | (Filing Date) | (Patente | ed/pending/aba | indoned) | |

As a named inventor, I hereby appoint the following:

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Kathleen M. Williams, Reg. No. 34,380 John P. Iwanicki, Reg. No. 34,628

Full name of first inventor: Denise L. Faustman

Peter D. McDermott, Reg. No. 29,411 Helen A. Greer, Reg. No. 36, 816

the mailing address and telephone number of each of whom is BANNER & WITCOFF, LTD., 1 Financial Center, 45th Floor, Boston, Massachusetts, 02111, and (617) 345-9100, with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

I hereby declare that all statements made herein of my own knowledge is true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

| Inventor's sign | Date | |
|-----------------------|---------------------------------------|------|
| Residence: | | |
| Citizenship: | US | |
| Post Office A | ddress: same | |
| Full name of | second inventor: Takuma Hayashi | |
| Inventor's signature: | | Date |
| Residence: | 157.5 5th Street, Cambridge, MA 02141 | |
| Citizenship: | Japan | |
| Post Office A | ddress: same | |